

## PART B - FEE(S) TRANSMITTAL

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36802 7590 09/09/2004

**PACESETTER, INC.**  
**15900 VALLEY VIEW COURT**  
**SYLMAR, CA 91392-9221**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Cristene Amador** (Depositor's name)  
*Cristene Amador* (Signature)  
 12/7/04 (Date)

12/09/2004 MWOLDGE2 00000012 160068 10051889

01 FC:1501 1370.00 DA  
 02 FC:8001 18.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,889	01/16/2002	Allan R. Schwartz	99P1040US01	7936

TITLE OF INVENTION: METHOD AND APPARATUS FOR RESETTNG PROGRAMMING PARAMETERS WITHIN AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OROPEZA, FRANCES P	3762	607-030000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**PACESETTER, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**15900 Valley View Court**  
**Sylmar, CA 91392-9221**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies **6**

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- ☐ A check in the amount of the fee(s) is enclosed.  
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## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Derrick Reed*

Date

12/7/04

Typed or printed name

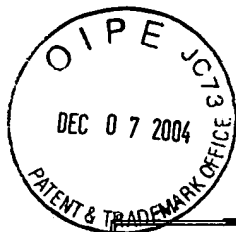
**Derrick Reed**

Registration No.

**40,138**

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**TELECOPIER COVER SHEET**

December 7, 2004

<b>To: Assistant Commissioner for Patents</b>	<b>From: Cristene Amador Senior Patent Assistant 818/493-3103</b>
<b>Attention: BOX ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applc. No. 10/051,889 Filed: 01/16/2002 Docket No. 99P1040US01	<b>Number of pages being sent:</b> <u>2</u> (including cover page)

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